

BK 0432 PG 0539

PREPARED BY AND RETURN TO:  
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.  
ATTORNEYS AT LAW, P. O. BOX 188  
SOUTHAVEN, MS 38671  
(662) 342-1300

STATE MS.-DE SOTO CO.  
FILED

Nov 21 10 32 AM '02

WILMA JOY CHALK, unmarried  
GRANTOR(S)

BK 432 PG 539  
W.E. DAVIS CH. CLK. WARRANTY

TO

DEED

MICHAEL S. STEPHENS and wife,  
JANET STEPHENS  
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, WILMA JOY CHALK, unmarried do hereby sell, convey, and warrant unto MICHAEL S. STEPHENS and wife, JANET STEPHENS as tenants by the entirety with the full rights of survivorship and not as tenants in common the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 30, DALEWOOD SUBDIVISION, located in Section 19, Township 2 South, Range 7 West, DeSoto County, Mississippi as per plat recorded in Plat Book 11, Pages 29-31 in the Chancery Clerk's Office of DeSoto County, Mississippi.

PARCEL NO. 2074-1901.0-00030.00

The above property is the same property conveyed to Charles R. Chalk, Sr. and wife, Wilma Joy Chalk by Correction Warranty Deed of record in Book 173, Page 174 in the Chancery Clerk's Office of DeSoto County, Mississippi. The Grantor herein also conveys her interest in the above described property as sole survivor of Charles R. Chalk, Sr. who passed away on or about the 14th day of April, 1995.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2002 have been prorated as of this date based on the previous year and are to be paid by the Grantor.

Possession is to be given on delivery of this Warranty Deed.

WITNESS our signature(s), this the 18th day of November, 2002.

*Wilma Joy Chalk*  
WILMA JOY CHALK

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named WILMA JOY CHALK who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 18th day of November, 2002.

*Marlene J. Crabb*  
Notary Public

My commission expires: MY COMMISSION EXPIRES SEPT. 7, 2003

PROPERTY ADDRESS: 2539 HUNTER ROAD S., NESBIT, MS. 38651  
Grantor's Address: Grantees Address:  
2093 Barrett 2539 Hunter Road S.  
Southaven, Ms. 38671 Nesbit, Ms. 38651  
Horn Lake, Ms. 38637

Res# 662-349-6404  
Bus# 901-409-5425  
cell

Res# 972-672-6685  
Bus# 662-449-0357

1  
TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

002743

1. DECEASED'S NAME (First, Middle, Last) <b>CHARLES RICHARD CHALK, SR.</b>		2. SEX <b>MALE</b>		3. DATE OF DEATH (Month, Day, Year) <b>APRIL 14, 1995</b>	
4. SOCIAL SECURITY NUMBER <b>13-60-5826</b>		5a. AGE - LAST BIRTHDAY (Years) <b>56</b>		5b. DATE OF BIRTH (Month, Day, Year) <b>11-17-1938</b>	
6. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other		7. BIRTHPLACE (City and State or Foreign Country) <b>MEMPHIS, TN</b>			
8. DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other		10. Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
11. FACILITY NAME (If not institution, give street and number) <b>BAPTIST CENTRAL</b>		12. CITY, TOWN, OR LOCATION OF DEATH <b>MEMPHIS</b>		13. COUNTY OF DEATH <b>SHELBY</b>	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>WILMA JOY COOK</b>		16. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>ELECTRICIAN</b>	
17. RESIDENCE - STATE <b>MS</b>		18. CITY, TOWN, OR LOCATION <b>DESOTO NESBIT</b>		19. STREET AND NUMBER OR RURAL LOCATION <b>2539 HUNTER RD. SOUTH</b>	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE <b>38651</b>		22. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (0-12) College (1-4 or 5+)</b>	
23. WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24. RACE - American Indian, Black, White, etc. (Specify) <b>WHITE</b>		25. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (0-12) College (1-4 or 5+)</b>	
26. FATHER'S NAME (First, Middle, Last) <b>WILLIAM A. CHALK</b>		27. MOTHER'S NAME (First, Middle, Last) <b>MARGARET WILSON CHALK</b>		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>38651</b>	
29. INFORMANT'S NAME (Type/Print) <b>WILMA J. CHALK</b>		30. RELATIONSHIP TO DECEASED <b>WIFE</b>		31. PLACE OF DEATH (Check only one) <b>2539 HUNTER RD. SOUTH NESBIT, MS.</b>	
32. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal to another country <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		33. PLACE OF DISPOSITION (Name of Cemetery, temporary or other place) <b>TWIN OAKS MEMORIAL GDNS. SOUTHAVEN, MS.</b>		34. LOCATION - City or Town, State <b>MS</b>	
35. SIGNATURE OF FUNERAL DIRECTOR <b>LISA SETTLES</b>		36. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4429</b>		37. SIGNATURE OF EMBALMER <b>TERRY TURNER</b>	
38. NAME AND ADDRESS OF FUNERAL HOME <b>MEMPHIS FUNERAL HOME 1177 UNION MEMPHIS, TN 38104</b>		39. LICENSE NUMBER OF FUNERAL HOME <b>85</b>		40. DATE FILED (Month, Day, Year) <b>April 24, 1995</b>	
41. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>[Signature]</b>		42. LICENSE NUMBER <b>MD02434</b>		43. DATE SIGNED (Month, Day, Year) <b>4/30/95</b>	
44. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		45. LICENSE NUMBER		46. DATE SIGNED (Month, Day, Year)	
47. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>BENTON WHEELER, M.D. 1775 MORIAH WOODS BLVD. MEMPHIS, TN 38117</b>					
48. PART I. Enter the disease(s), injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. <b>Lung Cancer</b>					
49. DATE CAUSE (Final or condition in death) <b>1 month</b>					
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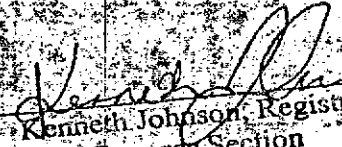
BK0432PG0541

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,  
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of  
the record filed with the Tennessee Vital Records by the Memphis and Shelby County  
Health Department.

SEAL

NOV 03 2000

Date Issued

by  Registrar  
Vital Records Section